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1 AUGUST 1986

Worldwide Report

EPIDEMIOLOGY

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WORLDWIDE REPORT

EPIDEMIOLOGY

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EUROPEAN AFFAIRS

BRIEFS

NORDIC COUNTRIES' AIDS COOPERATION--(Ritxas Bureau) Reykjavik. The Nordic countries will initiate a joint effort against the feared illness AIDS, combining research, registration and prevention regulations in conjunction with, among other groups, local interest associations for homosexuals. This was revealed Friday [27 June] following the joint meeting in Reykjavik of the Nordic ministers for social and health matters. A joint Nordic working group, with two representatives from each of the Nordic countries, will coordinate the cooperation and study the effects of AIDS, which have varied from country to country. The working group is to draft a report with proposals for combatting AIDS before 30 November of this year. [Text] [Copenhagen AKTUELT in Danish 28 Jun 86 p 13] /9604

CSO: 5400/2546

INTER-AFRICAN AFFAIRS

SURAMIN USED TO TREAT AIDS

Lagos DAILY TIMES in English 14 Jun 86 pp 1, 6

[Article by Olu Akinboyewa]

[Text]

SURAMIN, a drug reported to be a cure for African sleeping sickness has been found suitable for the cure of the Acquired Immune Deficiency Syndrome (AIDS).

The drug which is now being used on AIDS patients in Kigali hospital, Rwanda, East Africa, has also been found by Western researchers as capable of inhibiting partially "the replication of the AIDS virus".

This information is contained in the May issue of the New African magazine.

In the report, doctors and other paramedical staff are advised on the use of re-usable equipment including bone marrow needles, lumbar puncture sets and other surgical equipment which should be sterilised by high-temperature cleaning or otherwise discarded.

It said contaminated syringes and needles had been confirmed to have

resulted in the outbreak of bollohaemorrhagic fever, a lethal disease, which, like AIDS, was thought to have spread from animal to man in Yabuku, Zaire in 1976 where five needles and syringes were used for 120 patients and 400 outpatients.

Doctors have also been advised to always test for T-helper cells which help the body fight infection and determine if they have fallen below normal levels - an indication of the AIDS virus' presence in the blood.

The advisory committee recommended that patients be made to undergo X-Ray tests to rule out other causes of AIDS like symptoms which include tuberculosis and Hodgkin's diseases.

It claimed that besides sexual intercourse, body secretions like saliva, tears, semen and faeces, could help the AIDS virus to be transmitted through punctures on the skin, injections, pregnancy or conception.

/9317
CSO: 5400/153

BANGLADESH

PREVENTIVE MEASURES FOR DIARRHEA, CHOLERA URGED

Dhaka THE NEW NATION in English 5 Jun 86 p 5

[Editorial] Diarrhoea has again broken out in some parts of the country. Reportedly it has already claimed ten lives at Magura, twenty at Rangunia and four at Kachua.

One is further exercised to learn whenever there are outbreaks of the disease, the hospitals run out of saline and other necessary medicines. The anti-social elements become active spinning money at the cost of human tragedy.

While the concern and the initiative taken by authorities to arrest the spread of the disease should not go unappreciated, it is really unfortunate that the infectious disease hospitals are all the year round overcrowded with patients with many more around waiting for admission. But the ways of infectious diseases are already known to modern medical science and the success of controlling them now chiefly depends on intensifying the preventive measures which mainly lied in supplying contamination free-water. If adequate and timely measures could be taken, tubewells would not have remained out of order in large numbers and if water scarcity would not have been so acute in these hot summer days perhaps no one would have needed to die of diarrhoea. But these measures mostly fall outside the pale of medical science and relate more to wide-ranging socio-economic and even cultural situations.

Now when the disease has already broken out, our public health organisations should mount blitzkrieg-fashion action in order to contain its spread as soon as possible.

It should be pointed out in this context that while at present many countries including the developed ones are making vigorous efforts to assess and report cholera statistics, we seem to desperately hide cholera cases and try to explain them away as shigellosis, (blood dysentery) E. Coli infection, Rota virus, strong diarrhoea, gastro-enteritis, etc.

Hiding cholera cases may even backfire. Most of our trading partners report them. They also know that the disease is prevalent in Bangladesh. So, they are likely to feel more insecure and behave more irrationally if reports of cholera in Bangladesh come only through unofficial sources and the

administration tries to conceal the fact. People are also to be told that ORS (Oral rehydration solution) has almost a magic effect in containing the fury of the disease, but only application of ORS may not always be adequate. The patient should be taken to the nearest hospital or doctor as soon as possible.

/13104
CSO: 5450/0167

BANGLADESH

DIARRHEAL DISEASES REACH 'ALARMING PROPORTIONS'

Dhaka THE NEW NATION in English 20 Jun 86 p 5

[Editorial] According to reports appearing in different newspapers, incidence of what are blanketed under the generic term "diarrhoeal diseases" is assuming quite an alarming proportion. During the last two weeks at least 50 deaths due to these diseases occurred in the Chittagong area alone. Similar reports are coming in from other parts of the country. Reports of outbreak of cholera in Noakhali district on a wide scale appeared in a leading Bengali daily. Thirty deaths in two weeks were reported from this district. Reports of deaths from diarrhoea appeared also from Bagerhat and Rangunia areas, while blood dysentery has been reported from some other areas of the country like Shibchar in Madaripur.

The sultry weather and lack of pure drinking water have been mainly blamed for this incidence of diarrhoeal diseases. Government efforts at prevention and cure of these diseases have been allegedly inadequate so far, as it often happens in our fight against this dehydrating killer disease with quite predictable cycles. Sinking of one deep tubewell in each village of the country is still a far cry, while the majority of those already sunk remain out of order. Reaching of Oral Rehydrating Salt packets to the affected areas is yet to attain a reasonable level of alacrity.

The International Centre for Diarrhoeal Diseases Research, Bangladesh has been rendering valuable services by way of research into the cause and cure of this killer disease. But the tempo of its initial success seems to have been rather ebbing away. The other day, the Bangladesh Minister for Health and Family Planning Professor M.A. Matin called upon all concerned to take appropriate steps for bringing the required administrative and financial discipline in the ICDDR,B to make its expenditure effective, in his inaugural speech at the 14th meeting of the Board of Trustees of the Centre.

The setting up of the ICDDR in Bangladesh, the alluvial delta with a background of special vulnerability to diarrhoeal diseases has been a very right step and the contribution of the government of Bangladesh, the various donor agencies for the functioning and development of the centre are commendable. And so are the records of activities of this organisation. But for one reason or another one gets the impression that a certain slackness in administrative and financial discipline of the Centre has overtaken it. This

aspect of the problem needs to be given a serious thought to by all concerned for adding to the effectiveness of this valuable organisation. An agency which fights loose evacuation can hardly afford to have a loose administration, financial and otherwise.

/13104

CSO: 5450/0168

BANGLADESH

BRIEFS

SKIN DISEASE OUTBREAK--Skin disease locally called "Chulkani" and "Panchra" has broken out in an epidemic form all over Nilphamari District. The serious type of this disease is named "Bikhouj". This is generally found in the younger sorts upto the age 18 years. "Bikhouj" starts in a small portion of one leg and sometimes in two legs and gradually occupies a large area accompanied by pain, sensation and fever adulterated foodstuff and malnutrition are the main causes of this disease the physicians commented. The poor affected children depend on natural healing and "Jhar Phuk" in rural areas for want of treatment facilities. The benevolent and the humanitarian sources should come forward to save the future generation from this serious and chronic disease. [Text] [Dhaka THE BANGLADESH OBSERVER in English 7 May 86 p 7] /13104

VIRUS FEVER ATTACK--Virus fever has spread all over Pirojpur district for the last fortnight. The fever has reportedly attacked at least 3000 people and Pirojpur Hospital is treating at least 50 persons daily in the outdoors, according to its RMO. [Text] [Dhaka NEW NATION in English 17 Jun 86 p 2] /13104

INFLUENZA OUTBREAKS--Influenza has broken out in and around Faridpur town over the last two weeks. The symptoms of the disease are pain, cold, cough and fever. According to the local physicians about 35 per cent of the population in Faridpur was attacked with flue. Besides dysentery and other intestinal diseases have broken out in the locality. Our correspondent from Magura adds: Influenza has broken out in the epidemic form in four upazilas of Magura district. About 50 per cent of the people including the children are reported to have been suffering from the disease. It is learnt that this disease has mainly broken out in Magura sadar upazila, Sreepur upazila, Salikha upazila and Mohammadpur upazila. In many cases, this influenza is reported to have taken a turn towards typhoid. [Text] [Dhaka THE BANGLADESH TIMES in English 16 Jun 86 p 2] /13104

CSO: 5450/0170

BAHAMAS

'IMMUNIZATION MONTH' EXPERIMENT NOW UNDER WAY

Nassau THE TRIBUNE in English 4 Jun 86 p 13

[Article by Erin Cartwright]

[Excerpts] THE COMMUNITY Health Services of the Ministry of Health has designated the month of June as "Immunisation Month." Their theme is "Immunisation Protects the Nation."

During the first week of June, attempts will be made to increase the public awareness on immunisation and to encourage community participation.

This was announced at a press conference held at the Department of Health in the Clarence Bain building last week. Holding the conference was Dr Farhat Mahmood, manager of the expanded programme on immunisation, and Mrs Fredricka Sands, the programme's co-ordinator.

"We are offering protection against seven childhood diseases and our aim is to achieve and maintain an immunisation level of at least 90 percent of all the nation's children. Coverage of less than 90 percent increases the risks of an outbreak of any of these seven diseases," said Dr Mahmood.

The Health Department is trying the immunisation month only in New Providence, if it is successful then the Department

will try to make it an annual event.

There are seven clinics on New Providence that employ over 90 people. The clinics will give free immunisation shots to all babies in need. At the end of the month all babies that have completed their immunisation shots, as scheduled, will be presented with prizes from the Ministry of Health.

"In the Bahamas, since 1980, coverage has gradually increased from 31 percent, 30 percent, 23 percent for DPT, Polio and Measles respectively to 86 percent, 84 percent and 79 percent at the end of 1985. This escalating immunisation coverage can only be achieved through our concerned, dedicated community health workers and the involvement of every parent/guardian of all our young children," said Dr Mahmood.

Since April 1985, one injection, incorporating protection against measles, mumps and rubella, known as MMR, has been provided for children in the Ministry of Health's immunisation programme at age 12 months.

/13104
CSO: 5440/095

BELIZE

GOVERNMENT TAKES ACTION AGAINST HEALTH VIOLATIONS

Belize City THE REPORTED in English 25 May 86 p 7

[Text] The first two prosecutions by the Chief Health Officer for offences against the City health code ended with convictions earlier this week.

The presiding Magistrate ordered light fines - \$5.00 to defray the costs of court, along with a stern warning.

Fifteen others have been subpoenaed and are now awaiting trial for offences of dumping garbage on city streets.

Under the Belize City Refuse By-laws a person convicted of throwing garbage on the streets can be fined as much as \$50.00 and sent to prison besides.

Last week the Public Health Department announced that it was cracking down on offenders by taking them to court. Three persons have been assigned to do garbage watch throughout the city. These are dressed in civilian clothes and their job is to watch and see who is dumping the garbage and to report them to the proper authorities.

The next step is that the offending persons are served with a subpoena ordering them to appear in court to defend themselves.

"Keeping our city clean is

very important, not only for health reasons, but also for the sake of our tourist visitors," a spokesman for the Health Services told the Reporter.

Subsection 13 of the Removal of Refuse by-laws states that "no person shall deposit rubbish, dung, or other filth or waste matter upon any place not especially appointed for the reception of such matter. All such matter shall be placed in receptacles or places especially set apart for their reception."

Subsection 9 of the same regulations states that "no person shall expose on any side-walk, street, lane or any place where the contents may be scattered on the public place any receptacle containing refuse not sufficiently protected so as effectively to prevent contents thereof exposed or scattered."

The first two persons to be prosecuted under the new crack-down are Albert Street businessmen Chander Senghanwani and Dale Fish, both of High Fashion Store on Albert Street. Both men pleaded guilty of charges of causing garbage to be put and left on the street.

BRAZIL

BRIEFS

NEW MOSQUITO DETECTED--The Aedes Albopictus mosquito also known as the Asian Tiger, was detected in the (Vila) Nova neighborhood north of Belo Horizonte, in the state of Minas Gerais. This mosquito is an undesirable relative of the dengue-transmitting Aedes aegypti mosquito. The Asian Tiger transmits three illnesses at the same time: dengue, encephalitis, and yellow fever. Minas Gerais Federal University Parasitology Department Professor David (Edson) believes that this initial outbreak is just the beginning, because he believes that there are many other outbreaks in the state of Minas Gerais. [Text] [Sao Paulo Radio Bandeirantes Network in Portuguese 1000 GMT 28 Jun 86 PY]/12766

AIDS DEATHS TOTAL 360--According to a report, issued by the Health Ministry yesterday, AIDS in Brazil has already killed 360 people. According to the report, 739 cases of AIDS have been registered in the country and Sao Paulo, with 522 cases, is the most affected state. Among the AIDS victims, 477 are homosexuals or male bisexuals, 42 have contracted it through blood transfusions, and 13 through the use of intravenous drugs. [Summary] [Brasilia Radio Nacional da Amazonia in Portuguese 1000 GMT 5 Jul 86 PY]/12766

MALARIA ERADICATION GROUP CREATED--President Jose Sarney has signed a decree creating an intraministerial group to plan an antimalaria campaign. Health Minister Roberto Santos has explained that malaria has been concerning the government because 400,000 malaria cases have been diagnosed in Brazil, most of them in the Amazon region. The small number of malaria cases detected in other regions are a result of contagion by people who have been in the Amazon region. [Summary] [Brasilia Radio Nacional da Amazonia Network in Portuguese 1000 GMT 1 Jul 86 PY]/12766

AEDES ALBOPICTUS LARVAE FOUND--Zoology Professor Eugenio Izecksohn has reported to Health Minister Roberto Santos that Aedes Albopictus (Asiatic tiger) larvae have been found by chance in a backyard on the Rio de Janeiro Rural University campus. The Aedes Albopictus, which transmits dengue fever, yellow fever, and encephalitis, had never been found in Brazil previously but the degree of infestation at the campus is apparently quite high. [Summary] [Rio de Janeiro O GLOBO in Portuguese 27 Jun 86 p 11 PY]/12766

CHAGAS DISEASE INCIDENCE--According to a research paper published by cardiologist Geraldo Figueiredo in Belo Horizonte, there are a large number of people affected by the serious Chagas disease in Joao Pinheiro, while the incidence

of the disease in some northern Minas Gerais districts reaches 60 percent.
[Summary] [Sao Paulo Radio Bandeirantes in Portuguese 1600 GMT 24 Jun 86 PY]
/12766

MENINGITIS CASES--Maria Augusta Tavares Machado, the director of Epidemiology Control Department of the Municipal Health Secretariat, on 24 June revealed that 64 cases of meningitis have been reported in Rio de Janeiro state from 1 June to 23 June. A total of 13 cases were of the meningococcal type.
[Excerpt] [Rio de Janeiro O GLOBO in Portuguese 25 Jun 86 p 11 PY]/12766

HEALTH SERVICES HEAD--It has been announced from the Establishment Department that the Governor General on the advice of the Prime Minister, has approved the appointment of Medical Officer Dr. Errol Vanzie to the post of Director of Health Services. Dr. Vanzie was appointed to the post of Medical Officer with effect from 16th April 1979. He was promoted to the post of Medical Officer of Health with effect from 30th November, 1982. Dr. Vanzie holds a Bachelor of Arts and Science Degree, a Medical Degree with Midwifery and Surgery from the Autonomous University of Guadalajara, Mexico (1975), and a Masters Degree in Public Health with a Major in International Medicine from the Tulane University of Louisiana (1982). He has also completed a Diploma Course in Malariology at the Mexico School of Public Health in 1983. Dr. Vanzie's appointment to the post of Director of Health Services is with effect from 7th June, 1985. He is 41 years old and married. [Text] [Belize City THE BEACON in English 31 May 86 p 3] /13104

CSO: 5440/096

CANADA

CORONER'S JURY RELEASES FINDINGS IN NURSING HOME DEATHS

Windsor THE WINDSOR STAR in English 19 Jun 86 p A13

[Text]

LONDON (CP) — A coroner's jury has placed no blame in 21 deaths after an outbreak of bloody diarrhea in two London and area nursing homes last fall but recommended more involvement by the local health unit in any such future incident.

The four-man, one-woman jury recommended Wednesday that in the event of an outbreak, the local medical officer of health or his associate should "attend the site as quickly as possible" and assume overall responsibility for control of the situation after an evaluation. The jury also called for better communication with other regulating bodies.

The jurors spent 6½ weeks hearing evidence at the inquest looking into the deaths of 20 residents of the Extendicare home in London and one resident of the Sun Haven nursing home in nearby Lambeth between Sept. 13 and Oct. 16, 1985. They deliberated since Monday morning and worked through Tuesday night before releasing a list of 28 recommendations.

The jury did not lay any responsibility for the tragedy on management and staff at the Extendicare nursing home

in London, the Middlesex-London Health Unit and agencies of the Ontario Health Ministry.

The outbreak that enveloped the nursing homes was blamed on a relatively unknown microscopic killer known to medical science as E. coli bacteria.

"In general everybody was trying to do the best they could — it just caught them off guard," said juror Gerald Sydney.

AT THE INQUEST, experts theorized, but it was never proved, that the bacteria was spread via ham sandwiches, served at the Extendicare home Sept. 5, which had been contaminated after being prepared on a wooden table where frozen veal patties had been handled the previous night.

Health unit lawyer John Judson said the recommendations "in my view amount to vindication" of the measures taken by Dr. Douglas Pudden, Middlesex-London medical officer of health, and Dr. Nancy Tuttle, the associate medical officer of health, to contain the outbreak.

The jury concluded the lethal bug was the direct killer of 15 of the aged and frail victims — 14 residents of the

Extendicare nursing home and one resident at Sun Haven — and contributed to the deaths of two other Extendicare residents.

But the jury found that the massive outbreak that erupted at the London home Sept. 9 was not connected with the smaller outbreak at Sun Haven, even though the epidemics were coincidental and at the time two nurses worked at both homes. The four remaining fatalities were due to other natural causes, the jury said.

Judson said the health unit has implemented several of the jury's recommendations, which included "effective" communication by the medical officer of health with the public through the news media in an outbreak and establishing clear channels of communication between the officer of health, ministry and its public health laboratories.

Joan McKeen, daughter of Beatrice Wood, the first Extendicare resident to become ill and the second to die, said: "I feel a lot happier now than I did when this inquest started."

/9317

CSO: 5420/79

CANADA

ONTARIO DOCTORS STRIKE PROTESTING EXTRA-BILLING BAN

Start of Walkout

Toronto THE GLOBE AND MAIL in English 13 Jun 86 pp A1, A2

[Article by Ann Silversides]

[Text]

Activity at Ontario hospitals was comparable with a usual working weekend yesterday, but officials will be treading a tightrope until the doctors' strike ends, Peter Wood of the Ontario Hospital Association says.

The College of Physicians and Surgeons of Ontario, which has a mandate to serve and protect the public, is also holding its breath now that the Ontario Medical Association's province-wide strike has begun.

The OMA called on doctors to walk off the job yesterday to protest against the province's plans to ban the practice of extra-billing, which is charging patients above the Ontario Health Insurance Plan rate for medical services.

"Ultimately, other parties may have to step in to protect the public interest," Dr. Michael Dixon, registrar of the college, told a Toronto press conference yesterday, the first day of the walkout.

But for now, the college is managing, he said. And while medicine's governing body has done no polls of its own, "we're led to believe that in a number of cases doctors are providing regular service," said Dr. D. V. Catton, president of the college.

Indeed, according to a Globe and Mail survey of 184 general practitioners across the province, 55 per

cent were at work yesterday. However, a poll of 46 medical specialists found that 57 per cent were not working.

At the Legislature, Health Minister Murray Elston said yesterday that he had checked with hospitals, the OHA and the college and "the success from my standpoint is that I've assessed the physicians as wishing to provide patient care."

The minister said that he had learned that "the patients and the facilities are being provided with care and being covered."

He again urged members of the Legislature who hear about medical problems to tell him about them quickly.

Dr. Dixon told reporters yesterday that the college acted on telephone complaints and intervened on behalf of patients in three or four cases. He said he could not provide details on the cases, such as what risk of harm patients suffered.

The college has not, however, acted to discipline chiefs of staff and chiefs of services who have resigned from their positions, even though such resignations may well amount to professional misconduct, Dr. Dixon said.

The OMA has called on the chiefs of staff to resign.

The college has decided to wait until such resignations are brought to its attention by hospitals, he said.

The college has also not formally advised the OMA of its position on such resignations, he said.

The OMA also called on doctors to resign from hospital committees.

However, a spokesman for the Toronto General Hospital said that Dr. Hugh Scully, OMA vice-president, has not resigned from his position as chairman of the hospital's medical advisory board, the top medical committee at the hospital.

Dr. Scully, a cardiovascular surgeon, could not be reached for comment yesterday. His answering service reported that he is out of town until next week.

At Welland County General Hospital, where Dr. Richard Railton, president of the OMA, performs surgery, the medical staff executive and all the chiefs of departments resigned, said Frank Barton, the hospital's administrator.

The doctors "are putting us in the middle," Mr. Barton said, since the resignation of key medical staff leaves hospitals in violation of the

Public Hospitals Act.

But Mr. Barton said that, on the advice of the Ministry of Health, the hospital is refusing to accept the resignations until the medical staff meets to appoint new chiefs of staff.

Similarly, officials at the Royal Victoria Hospital in Barrie are not accepting the resignations of chiefs of staff, said Edward Long, administrator of the hospital.

Across the province, hospitals reported that emergency wards were busier than usual but staffed to meet the demand, said Mr. Wood, the hospital association's spokesman.

Much elective surgery was cancelled, but more doctors than usual were visiting patients in hospitals, he said.

Anesthetists at Toronto General Hospital said yesterday that they are prepared to work, if surgeons want to work, even if the case is elective surgery, which is not ur-

gent.

The doctors took exception to any implication that it is the anesthetists who hold up elective surgery, said Dr. Peter Norman, an anesthetist at the hospital.

However, at several other Ontario hospitals, the policy is different. At Ottawa Civic Hospital, anesthetists are on hand only for urgent or emergency cases, said Liz Cherry, a hospital spokesman.

And Dr. Gerald Edelis, head of anesthesia at Toronto's Mount Sinai Hospital, said doctors there are not performing any non-urgent elective surgery.

The definition of urgent is, however, left up to the surgeon, Dr. Edelis said.

Dr. Norman said that although the 34 anesthetists at Toronto General Hospital are opted out of OHIP, only 0.5 per cent of their bills are charged above the OHIP rate for services.

Effect on Abortion Clinics

Toronto THE TORONTO STAR in English 20 Jun 86 p A16

[Article by Sue Montgomery]

[Text]

Abortion clinics in Toronto are being swamped with requests from women who are being turned away by hospitals because of the doctors' strike, clinic spokesmen say.

Andrea Knight, office co-ordinator of Dr. Henry Morgentaler's clinic, said the busiest days so far were Monday and Tuesday, when the Harbord St. facility booked between 40 and 50 appointments.

No exact date

But hospitals contacted by The Star say the number of abortion cases handled since the strike started last Thursday is normal.

Judy Barry, a spokesman for Humber Memorial Hospital, said the institution's abortion committee has been meeting as usual.

"The committee will consider new cases and will schedule them, especially if the woman is approaching the 12-week point," she said.

Peter Wood of the Ontario Hospital Association commented: "I can understand that there might be a backup. But it might not be the availability of the committee, but that of the doctors."

But Knight said women are telling her that hospitals, for the most part, say they are performing abortions but that they can't give women an exact date.

"Many women can't get their family physician or a gynecologist or even an appointment for the operation," she added.

Diane Mossman, national co-ordinator of the Canadian Abortion Rights League, said calls to the league office have doubled since the strike began.

"If the clinics weren't here, there'd be a real crisis," she said.

"Hospitals in Metro are telling these women to call back in a couple of weeks and they'll let them know."

"These women are very frightened because they don't know how long it will take."

Janis Tripp, a counsellor at a birth control and venereal disease information centre in North York, said the facility has been busier since the medical men walked out.

The main problem has been an inability to arrange appointments in Toronto for women needing abortions, she said.

"We called Toronto General last Friday, but they wouldn't take any more. The (abortion) committees are still meeting, but the doctors aren't available."

Tripp said the women are more distraught than usual because of the uncertainty of the situation.

Past safe point

"One woman called yesterday and, when we told her we couldn't get her an appointment, she fell

apart and threatened to abort the child herself."

The situation outside Metro is even worse, according to clinic spokesmen.

"Many are very frantic," Tripp said. "We had a call this morning from a woman in Hamilton whose abortion date has been postponed for three weeks, which puts her over the safe 12-week point."

Maria Corsillo, administrator of Dr. Robert Scott's abortion clinic on Gerrard St. E., said it has received "many, many calls from all across Ontario."

Women have telephoned from Brampton, Owen Sound, Oakville, Trenton and Sudbury to inquire about abortions, she said.

"We've also received calls from family physicians who are worried because they know if a patient is nine or 10 weeks' pregnant, it's difficult to know if they will get the procedure," she added.

Pathologists' Stand

Toronto THE TORONTO STAR in English 20 Jun 86 p A16

[Text]

Pathologists in northern and central Ontario say they will refuse to perform legal autopsies for the duration of the doctors' strike.

Dr. Rene Bazinet of North Bay, chairman of the Society of Northern Ontario Pathologists, said he and his 15 colleagues in North Bay, Sault Ste. Marie, Sudbury, Bracebridge, Parry Sound and Orillia have all agreed to stop doing autopsies.

Only pathologists in Timmins will continue to perform them, Bazinet said, and Barrie pathologists have agreed not to accept the overflow.

The Coroner's Act stipulates an autopsy must be performed

whenever a coroner feels it's necessary to complete an examination. They are usually performed in cases of death involving peace officers, violent deaths and deaths due to motor vehicle accidents.

Bazinet said while the move may cause inconvenience to next-of-kin, it will have little effect on health care. He said in many cases bodies will be referred to the Centre of Forensic Sciences in Toronto.

"In many cases the bodies are sent to Toronto anyway. We have taken the move to support other members of the OMA. We are under a very limited contract and this is the only form of protest we could take."

14 Emergency Wards' Closure

Toronto THE GLOBE AND MAIL in English 23 Jun 86 p A10

[Article by John Douglas]

[Text]

Eight of 14 emergency departments across the province closed today by striking doctors will be in the Metro Toronto area.

In protest against the Ontario law banning extra-billing, doctors have forced emergency wards in hospitals to close on a rotating basis by withdrawing their services.

Hospitals with closed emergency departments will have at least one physician on duty to care for life-threatening emergencies. Patients judged by the doctor not to have a life-threatening complaint will be transferred to a nearby hospital.

Hospitals with closed emergency departments today are:

Humber Memorial 8 a.m., North-western 8 a.m., York-Finch General 8 a.m., Mississauga General 8 p.m. last night, Scarborough Centenary 8 a.m., and York Central 8 a.m.

Ajax and Pickering hospitals and Mount Sinai remain closed from last week.

Hospitals with closed emergency departments outside Toronto are:

Port Perry, Joseph Brant in Bur-

lington, St. Joseph's in North Bay, Parry Sound District General, Sarnia General, and Plummers in Sault Ste. Marie.

Over the weekend, despite claims by some doctors at Wellesley Hospital that all departments were limited to life-threatening emergencies only, hospital officials say the weekend was "business as usual."

On Friday, doctors issued notice that the medical staff association, a group made up of all doctors in the hospital that has no power in running the hospital, agreed to limit all clinical activities and the emergency department to emergencies only. The staff left the definition of an emergency to the discretion of the physician on duty.

The medical advisory committee, the highest committee in the hospital composed of the chiefs of departments, rejected the idea and told doctors to continue the department's usual service.

A hospital spokesman said yesterday that the emergency department was open and that no patient was turned away on the weekend.

16th Day of Strike

Toronto THE GLOBE AND MAIL in English 27 Jun 86 pp A1, A2

[Article by Ann Silversides]

[Text]

The governing body for medicine in Ontario, in its clearest warning to striking doctors, said yesterday that it is unacceptable to withdraw services in a way that compromises essential medical care in hospitals.

"A strong statement was indicated because the situation is reaching a serious level," said Dr. Michael Dixon, registrar of the College of Physicians and Surgeons of Ontario. He said it probably will be up to a college discipline committee to decide what is "essential" care, but defining in it terms of "life-threatening" cases would be, in his view, too restrictive.

The doctors' strike, called by the Ontario Medical Association to protest against the banning of extra-billing, enters its 16th day today.

"There is a growing potential for misjudgments to occur" because of the number of services disrupted and the duration of the disruption, Dr. Dixon said in an interview.

He said, however, that doctors' protest actions are concentrated in the Toronto area. "Outside Metro, there is a considerable amount of return to normalcy in the larger centres."

There were no significant new developments at Queen's Park yesterday, though Opposition Leader

Larry Grossman conferred for 75 minutes with OMA president Dr. Richard Railton and general secretary Dr. Edward Moran.

Dr. Moran said in an interview later that the college's statement was "not anything different from what they've been saying all along." He said it will not have any particular impact, since doctors are already feeling uncomfortable with the strike.

The college council, at its Wednesday meeting, expressed particular concern about the strike action of 10 internal medicine specialists at York County Hospital in Newmarket, Dr. Dixon said.

The specialists announced on Tuesday that they would withdraw their services from the hospital, leaving only the chief of internal medicine, Dr. John Symmes, to handle all emergency cases both in hospital and from the emergency ward.

The specialists went back to work Wednesday, having reconsidered their action after the college spoke to Dr. Symmes.

Yesterday's statement says that "any similar actions undertaken by physicians in other Ontario hospitals would precipitate an immediate investigation by the college which could result in professional misconduct charges under the Health Disciplines Act."

The college, which is the licensing and disciplinary body for Ontario's 17,000 doctors, has a mandate to protect and serve the public.

The college council also passed a motion saying doctors should not withdraw professional services from a hospital, "without giving notice adequate in the circumstances, if such action would compromise the availability of essential medical services in that hospital."

Dr. Symmes said in an interview that the internal medicine specialists told him at about 2 p.m. on Tuesday that they would withdraw their services at 4:30 p.m. that day. The cardiologist said he felt he could provide essential services for a day or two, "but I was concerned about how we would deal with it by the time I was tired."

The college stepped in immediately because, Dr. Dixon said, "the question is, do you wait for a disaster to occur? At the time we took action, we recognized he (Dr. Symmes) could manage right then, but we felt we had to intervene to protect the public."

Dr. Symmes said he was "rather glad" that the college intervened. Dr. Allan Hess, spokesman for the 10 specialists, said they were "mad in unison," when they made their decision.

Dr. Dixon said the college has been "trying to help hospitals put out bush fires. There seem to be a few more bush fires, and since the announcement (Wednesday), there has certainly been an attempt to give the perception of increasing disruption."

He was referring to the OMA's announcement that the strike would continue, and that sanctions would escalate.

Dr. Railton told a press conference on Wednesday that Toronto "university teaching hospitals are becoming involved and this is very significant."

Dr. Dixon said, however, that there has been a "concerted effort to stir them (teaching hospitals) up only in the last week."

OMA past president Dr. Earl Myers attended a medical staff meeting at the Hospital for Sick Children on Wednesday and Dr. Tom Dixon, chairman of the OMA's political action committee, attended a meeting at St. Michael's Hospital the day before. Both are teaching hospitals.

The college has reissued an invitation to the OMA and Health Minister Murray Elston to meet and "discuss ways to protect the public from the harmful effects of the current disruption of medical services," Dr. Dixon said.

The OMA backed out of a scheduled meeting last Friday, the day the extra-billing ban became law. The college nevertheless met Mr. Elston and Attorney-General Ian Scott, Dr. Dixon said.

/9317

CSO: 5420/77

CANADA

AIDS INCIDENCE, PRESSURE FOR DRUG USE REPORTED

594 Cases

Toronto THE TORONTO STAR IN English 17 Jun 86 p A3

[Text]

OTTAWA (Staff) — The number of AIDS cases in Canada has climbed to 594 — and the total could double by the end of the year, a federal health official says.

In 285 of the cases, the victims have died.

The health department said yesterday that Canada now has the second-highest number of AIDS cases — behind the United States, where 20,500 have been recorded.

But some other countries — in Africa, for example — could have higher totals than Canada.

The World Health Organization last week said at least 50,000 Africans may have contracted acquired immune deficiency syndrome. But so far, official figures put the African total in the hundreds.

In Canada, Ontario continues to be the province affected the most, with 40.4 per cent of all recorded AIDS cases — most of them in Metro Toronto. Quebec is second with 32 per cent.

"In many countries where the number of AIDS cases is lower than in Canada, they are calling it an epidemic," said Greg Smith, coordinator of the National AIDS Centre in the federal health department.

"In terms of our national picture, we're as much a part of that (epidemic) as anyone."

Smith added that the total is growing steadily, with more than 1,000 cases expected by the end of the year.

Medical experts also believe that for every one recorded case of AIDS, another 40 Canadians have likely been infected. But the disease can remain permanently dormant.

AIDS attacks the body's immune system and critically exposes the afflicted to even minor illnesses. Smith said the overwhelming majority of AIDS cases — 80.5 per cent — continue to involve homosexual and bisexual men.

Victims of Experimental Drugs

Toronto THE GLOBE AND MAIL in English 27 Jul 86 p A9

[Article by Caitlin Kelly]

[Text]

A group of Canadians dying of AIDS say the federal Government is withholding the only hope available to them by refusing to release experimental drugs.

Warren Jensen and Kevin Brown of Vancouver, who represent a 14-member coalition of patients, are to meet Health Minister Jake Epp today in Ottawa to urge that experimental drugs be made available to every one of the 317 Canadian AIDS patients who wish to try them.

They say that they and others have requested these drugs repeatedly, but have met with refusal from federal officials.

Michael Davis, head of the infection and immunology division of the federal Health Protection Branch, who decides which patients will have access to these drugs, said there are no effective drugs available to treat acquired immune deficiency syndrome, which is thought to be always fatal.

Two drugs — the immunosuppressant cyclosporine and the antiviral treatment suramin — are undergoing Canadian clinical trials. But other drugs that have been used to treat the disease with limited success are not even available to the Government, let alone physicians and their patients, because manufacturers have decided not to offer them, Mr. Davis said.

Mr. Jensen and Mr. Brown belong to the Vancouver PWA (People with AIDS) Coalition, which demonstrated in May on the steps of the Legislature in Victoria to protest against the lack of laboratories to isolate the HTLV-III virus. Without an adequate supply of the virus, no drug can be tested.

There are four laboratories in Canada currently capable of performing this work — three in Montreal and one in Ottawa.

But the group says it has been told that these laboratories are too busy doing other work to begin testing the blood of patients with AIDS.

It also costs \$5,000 a patient to test the efficacy of any drug. Some officials privately said this cost, which would be paid by provincial health-care plans, is still considered unjustifiably high to test drugs that have shown no benefit to date.

Mr. Brown, who has met Mr. Epp once before, said he is optimistic that the minister will heed the group's request, adding that people who have AIDS are now willing to make their plight public.

"We feel we have focus and direction. We're the cancer patients (no one wanted to acknowledge) of 20 years ago.

"I'm tired of going to funerals. I'm tired of burying my friends."

AIDS is fatal because it weakens patients' immune system, leaving them susceptible to a wide variety of opportunistic infections. Although there are drugs to treat many of these individual illnesses, no effective treatment has yet been found to halt the spread of the AIDS HTLV-III virus.

Mr. Brown, a 37-year-old former elementary school teacher who now lives on an disability pension, has pneumocystis carinii pneumonia. A person with this disease has an average life expectancy of 18 months after diagnosis; he was told 12 months ago, in June of last year, that he has it.

Mr. Jensen, 33, was diagnosed as having Kaposi's sarcoma last September. Patients with this form of skin cancer usually live three years after diagnosis.

"I've lived with AIDS for a year and two weeks and I've fought the Government for a year

and two weeks (to obtain drugs.)" Mr. Brown said.

"What I have is killing me. What can they give me that's worse?"

Just about anything, Mr. Davis said.

Because he has turned down a number of requests for these drugs, Mr. Davis is starting to receive protest letters, petitions and pre-printed forms published in this month's issue of the *Body Politic*, a gay newspaper. But "these letters don't help very much," he said. "They don't really change the situation."

"We're trying to get as many drugs with potential out to as many people as (we) can."

The key words are "with potential." In Mr. Davis's powerful opinion, very few drugs meet this criterion. Most have been discredited by premature announcements of favorable results, such as those announced last year by

doctors in Paris treating a small group of patients with cyclosporine. The patients died shortly thereafter.

"One simply cannot take every little idea, even if the drugs are available" from the manufacturer. "You'd have total chaos. You'd be killing people off left and right."

Mr. Davis said he must balance the needs of patients dying today of AIDS against the projected needs of the thousands of Canadians expected to develop the disease.

The Government cannot hand out drugs that have not been proven effective, or whose effectiveness is outweighed by their toxicity and which will kill patients, even those who will die nonetheless, he said.

The consequence would be that researchers and manufacturers would prematurely abandon fur-

ther studies of drugs once considered initially unpromising if unfavorable results are announced too soon for confirmation or retesting.

This has already happened in the case of at least one potentially beneficial drug, ribavirin, he added.

Some patients frustrated in their quest for experimental drugs create their own regimens. Kevin Brown now takes vitamins and drinks herbal tea, and he spent \$650 and hired a runner to buy drugs for him in Tijuana, Mexico. That sum bought him two months supply of ribavirin and isoprinosine.

Mr. Davis said there is no medical evidence to show these two drugs are effective. But there is such a demand for them that a group in San Diego has published a pamphlet, which Mr. Brown used, that includes a city map of Tijuana indicating the location of pharmacies that sell them.

Manufacturers' Caution

Toronto THE GLOBE AND MAIL in English 27 Jun 86 p A9

[Text]

As Canadians who have AIDS begin to organize, collecting signatures on petitions and making their concerns public, pressure is growing on physicians, federal officials and manufacturers to release experimental drugs to them.

Yet officials and manufacturers, who control the supply of these drugs, insist that unproven remedies cannot be practically, ethically or morally handed out to anyone who wants them.

Desperate patients argue as strongly that they have a right to any treatment that might help them.

A new drug being used to treat acquired immune deficiency syndrome in the United States that may be tested in Canada later this year is the latest focus of the ongoing battle.

The drug, azidothymidine (AZT), is being tested in 200 to

250 patients with AIDS and AIDS-related complex (ARC) in the United States. It has been shown effective in vitro in stopping the replication of the HTLV-III virus by inhibiting reverse transcriptase, the enzyme required for the growth of the virus which causes AIDS, but has not been proven effective in humans.

The Canadian study will only go ahead if there are laboratories equipped to properly isolate the HTLV-III virus, enough patients to study and researchers capable of working with the drug, said Dr. Malcolm Fletcher, medical director of Burroughs-Wellcome Inc., the company developing the drug.

In the meantime, Dr. Fletcher — like Government officials and other manufacturers of drugs thought to have some benefit in treating AIDS — is being pressured to release the drugs to

people who may die before any trial can begin.

Manufacturers cite several reasons for their apparent callousness in the face of demands for their products: releasing an untested drug can result in deaths, lawsuits, and repercussions in trying to obtain Government approval for other drugs. Costly trials must show successful results and substantial potential profits to continue but there is very little of some of these drugs available and those limited expensive quantities are being kept until carefully controlled trials can be conducted to see whether the drugs really have any effect.

Individual desperation is losing and will continue to lose out to the greater demands of a quest for scientific understanding of the disease and its mechanisms, experts agree.

"We don't know whether AZT works. We don't want another

laetrile (a drug once thought to cure cancer) on our hands. We have a duty to the general population ~ (to conduct proper studies)," Dr. Fletcher said.

"There's so much we don't know about this disease that to take a minute supply of a 'maybe' and give it out to a small group of people and not even know what's happening to them when they take it (is irresponsible)," he said.

Reports are published virtually every week in the medical and lay press, giving desperate patients the impression there are dozens of possible treatments for AIDS.

Yet few have fulfilled their initial promise.

No fewer than six drugs have been suggested, tested — and several abandoned — in the search for a way to halt what has so far proved an incurable disease.

/9317

CSO: 5420/78

DENMARK

FIRST QUARTER REPORT SHOWS FEWER AIDS CASES

Copenhagen BERLINGSKE TIDENDE in Danish 30 Apr 86 p 13

[Text] The advance of the feared disease AIDS in Denmark has apparently been checked.

The county newspaper of Randers reports that in the first quarter of this year the National Serum Institute has only recorded half as many new cases as scientists, doctors and politicians had expected.

According to the usual pattern of the disease there should have been 15 new cases of AIDS recorded during the first quarter of 1986. There were "only" seven.

Epidemiologist Kirsten Schmidt at the National Serum Institute did not want to interpret the statistics as evidence that the disease is under control. "I realize that there is talk of a marked decline in the number of new AIDS cases," she said, "but we must look at the next few quarters as well before we draw any conclusions."

The decline in the number of AIDS cases follows an intense information campaign by the state and municipal governments in which the concept of "safe sex" was emphasized.

Today there are 80 AIDS patients in Denmark. Experience from abroad indicates that AIDS cases normally double from year to year.

9287

CSO: 5400/2543

DENMARK

MINISTRY ANNOUNCES NEW MEASURES TO COMBAT AIDS SPREAD

Copenhagen BERLINGSKE TIDENDE in Danish 28 Jun 86 p 3

[Article by Ole Dall: "Fight Against AIDS Intensified"; first paragraph is BERLINGSKE TIDENDE introduction]

[Text] The minister of the interior will ask the Finance Committee for more money for information about AIDS. In a few months a nationwide "hot line" will be established--a telephone service where citizens can get answers to questions about AIDS.

Danes should know more about the feared virus disease AIDS. Minister of Interior Knud Enggaard (Liberal Party) and representatives from the counties and municipalities agreed yesterday to commence a number of initiatives which will increase public knowledge of the dangerous disease.

- In a few months a nationwide hot line will be established so that all citizens can get clear answers to questions concerning AIDS.

- During the summer the minister of interior will request additional funds from the Parliamentary Finance Committee for AIDS information--how much has not been determined.

- The state and municipalities and counties will together offer seminars about the illness, and interested volunteer organizations will be involved in this effort.

- A coordinating group will be established consisting of representatives of municipal organizations, Copenhagen and Fredriksberg municipalities, the Ministries of Social Affairs, Education, Health and Interior. This group will prepare recommendations for organizations against the AIDS disease.

- Municipal organizations will increase their treatment efforts for drug abusers in order to prevent the spread of the disease among drug addicts.

Concerning the nationwide telephone service about AIDS, Knud Enggaard told BERLINGSKE TIDENDE that "it is important that the information is available, and that information and good advice can be given so that there is 'consistency' in the message about AIDS."

9287
CSO: 5400/2543

HONG KONG

SYMPOSIUM ON STRUGGLE AGAINST HEPATITIS

Discussions Summarized

Hong Kong HONGKONG STANDARD in English 16 Jun 86 p 6

[Text]

SCIENTIFIC advances have made the once-common diseases of tetanus, whooping cough and diphtheria so rare that many physicians will never have to treat them.

And we welcome the news that medical specialists from more than 10 countries have been meeting at an international symposium in Hongkong in recent days to discuss ways of making hepatitis Type B, deadliest form of the liver disease, as "forgotten" as such erstwhile killers as smallpox.

According to statistics released at the symposium, Asian people are particularly susceptible to the disease, which can lead to liver cancer. Between 10 and 20 percent of the population in Asian countries are estimated to be carriers of hepatitis Type B, a much higher rate than in Caucasian populations.

At present, 200 million people, particularly in the Third World, are infected with the disease.

In Hongkong, viral hepatitis was added to the schedule of notifiable diseases in 1974. Since then the total number of cases of the two types of viral hepatitis reported here each year has fluctuated between 1,000 and 2,000.

Hepatitis means infection and inflammation of the liver, which is the target organ of two different viruses. There are, as a result, two different kinds of viral hepatitis; researchers call them Type A and Type B.

Type A hepatitis comes on quickly and leaves quickly. It makes you sick, but not too sick. Very rarely do people die from Type A hepatitis.

Doctors usually divide the symptoms into three stages. During the so-called prodromal stage the patient usually has only general symptoms, including fatigue, nausea and loss of appetite.

Second stage symptoms may include jaundice, darkened urine, soreness of the abdomen and discomfort round the liver. The third, or recovery, stage is marked by a reversal of the earlier symptoms.

It is generally agreed that conditions of filth and close proximity make the infection of Type A hepatitis much easier to spread.

It is also generally agreed that there are toilets in some Hongkong restaurants that are in an appalling condition. Members of the public should report such places to the authorities.

Noting that many local hepatitis cases are caused by contaminated food and drink, some doctors have suggested in the past that more official food inspectors are needed here.

There are 15,000 food caterers in Hongkong who come within the limits of semi-legal and illegal catering. Some operate from domestic premises, others from roadside stalls.

In Hongkong the stalls are generally relegated to dingy back streets where they overflow onto pavements bordering already congested roadways.

Flies and mosquitoes proliferate and the stalls are often surrounded by rubbish.

Then there's the danger that vegetables and other raw ingredients in certain popular

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local dishes may have been infected by contact with urine or faeces.

To some of our local stallholders, it seems, hygiene is at best an afterthought.

The Urban Council is working closely with the Medical and Health Department. Health inspectors have been instructed to ensure that all food handlers are properly inoculated and that they observe higher standards of hygiene. But there are not enough inspectors to go round.

It has sometimes been suggested that the inspectors tend to concentrate mainly on licensed restaurants where the standard of hygiene is already high in many cases. It is the illegal stalls that may get overlooked. And it is just these stalls that would benefit most from rigorous inspections.

Exposure to serum hepatitis, otherwise known as Type B, almost always occurs by getting the blood of an infected person into your body. Exposure can be from a blood

transfusion or from numerous other causes.

Recent research also has indicated that this type of hepatitis may possibly be transferred from one person to another through mouth contact or even through sexual intercourse.

Type B hepatitis in general is more likely to have severe consequences than Type A. Doctors stress, however, that the majority of Type B sufferers also recover completely.

It is only about one to five percent of Type B patients who might have some problems later on. Some of these may die of liver damage; in addition, the virus that causes hepatitis can also cause liver cancer.

One doctor puts it this way: "It's important to ensure that people take more precautions, but it's equally important to ensure that people do not become unnecessarily alarmed about this disease."

Vaccination Plans Revealed

Hong Kong HONGKONG STANDARD in English 13 Jun 86 p 3

[Text]

THE Government will consider vaccinating all babies against hepatitis B because this is the best possible method of preventing liver cancer, a prevalent cause of deaths among Chinese in this part of the world, a government specialist said yesterday.

The doctor, who must remain anonymous, was speaking at the *Asian Symposium On Large Scale Hepatitis B Immunisation*.

However, another doctor, Myron J. Tong of the Huntington Memorial Hospital in the United States, said research has shown that hepatitis B was prevalent among Chinese in Asia. The disease often

causes cancer of the liver.

Research has shown that almost everyone has infected by the time they become adults and that 8-15 percent of the adult population is chronically infected by the virus.

Babies born to woman carriers are almost certain carriers of the virus. Contact with blood and body fluids will also transmit the virus.

Dr Tong said he did not know why the Chinese population was more susceptible to the illness.

In April 1983, the Medical and Health Department began, for the first time, to screen women who gave birth in government hospital-

als and to vaccinate newborns against the hepatitis B virus.

In October 1985, these women were screened in subsequent pregnancies.

Results showed that of the 6,000 babies vaccinated since 1983 less than five percent were infected, the government doctor said.

The vaccination programme will not be extended to patients in government subvented hospitals.

The most appropriate strategy for largescale vaccination against hepatitis B will be discussed by specialists from some 17 Asian countries at the two-day symposium which ends today.

/9317

CSO: 5450/0155

INDIA

BIHAR MUNICIPAL STRIKE RESULTS IN EPIDEMICS

New Delhi PATRIOT in English 22 Jun 86 p 6

[Text] Ranchi, June 21—The more than two months old strike by 30,000 municipal employees in Bihar has turned the whole State into a veritable hell.

Overflowing drains and piled up garbage on roadsides and in the interiors of thickly populated areas are endangering the health and hygiene of the people.

Consequently, many parts of the State are already in grip of epidemics and hepatitis, herpes, small pox, typhoid and diarrhoea have already begun to claim a large number of human lives in the State. Particularly small pox and hepatitis are in existence in virulent form in many of parts of the tribal areas.

Hundreds of people have already succumbed to hepatitis in Chhotanagpur and small pox has, for instance, caused the death of 35 children during the last one month in Gomia block of Giridih district in north Chhotanagpur division.

With the onset of monsoon, the situation is expected to deteriorate further creating problems for the survival of people of the State.

Petitions and memoranda by various organisations to the State Government to save the situation from worsening and resolve the strike at the earliest are indicative of the panic among the people.

The government seems to be wilfully ignoring the problem since 1970 when it accepted all the demands of the municipal employees particularly that relating to parity of pay scales between the Municipal employee and the State government employees.

Ironically enough, the municipal employees have gone on strike seven times since then to press the Government to implement its decision and honour the commitments made to

them by the subsequent Chief Ministers of the State. On some occasions, there were even notifications issued by the Government for the implementation of the agreed demands, but as it often happens with Government orders in Bihar, they remain unexecuted till this date.

Even Chief Minister Bindeshwari Dubey assured last month a delegation of newly elected councillors of Ranchi Municipal Corporation of directing the officials concerned to issue a notification for implementation of the demands within "a day or two" but this has also met the same fate.

Even the court arrest agitation launched by the striking employees has failed to move the sentiments of the officials of the secretariat and the Ministers and it seems that even if all of the striking employees go to jails, a solution to their problem would remain a remote reality.

On the contrary, all the district authorities in the State have been asked by the Government to engage in scavenging staff on daily wages — a move being thwarted by the striking employees by force and in the process many such daily wage staff are being manhandled and beaten up. This appears to be hardly a solution as even the district officials are ready to pay much more than what is being paid to the regular staff.

The contention of the striking employees that they must get equal pay for equal work and at par with those who work in government departments and organisations has been accepted. An official spokesman of the Bihar State Municipal Employees Association told this correspondent that the sweeper who works in a government hospital, for instance, gets much more than his counterpart in the municipality.

INDIA

EXPERTS STUDY RESURGENCE OF MALARIA

Bombay THE TIMES OF INDIA in English 9 Jun 86 p 20

[Text]

NEW DELHI, June 8 (PTI).

MALARIA, which emerged in India during 1965-70 has established itself, partly due to insecticide resistance in the vector species and partly due to management problems, according to two Indian scientists.

In an article published in the journal, "Social Science and Medicine" the director of Malaria Research Centre, Dr. V. P. Sharma and professor of eminence, Indian Agricultural Research Institute, Dr. K. N. Mehrotra said "malaria resurged in central and north Indian states more than in the southern states."

They said the emergence of malaria in north-eastern states is not linked with the insecticide resistance, but due to change in the behaviour of the vector species.

A study by them showed that one serious and continuing impediment to the success of the National Malaria Eradication Programme (NMEP) was the irregular and interrupted supply of DDT to the Malaria units in the country.

FALSE CONFIDENCE

During 1953-1965, the "spectacular success" in malaria control "infused a false sense of confidence" that malaria was on its way out. "While malaria was

raising its head, the malaria organisation was being wounded up", they said.

In 1963, the internationally-noted centre of malariology, the Malaria Institute of India, was converted into the National Institute of Communicable Diseases, and even the publication of the one-time famous, "Indian Journal of Malariology", was terminated.

During the critical years of resurgence, there was no research support to the programme and as a result there was a complete lack of information on the receptivity and vulnerability of different regions of the country under the changed ecological frame, they said.

There was also the widespread occurrence of parasites in urban and rural areas, and vector populations returned to their normal densities after the withdrawal of spraying.

Ironically, malaria-control programme was converted to that of eradication mainly to save perpetual costs and to eliminate the disease before the large-scale onset of insecticide resistance, they said.

But today the programme is confronted with the formidable problems of insecticide-resistance, drug-resistance and problems related to management, they said.

Although insecticide resistance did pose a problem, replacement of DDT

by BHC and malathion was introduced to tackle this.

FIGHTING MALARIA

Government is spending Rs. 1,000 million annually for malaria control. The escalation in the prices of insecticides and anti-malarials may further push the costs.

Therefore, there is an urgent need to intensify research on alternative methods of vector control, and until then insecticidal spraying will have to be continued, the scientists asserted.

Before NMEP was started in 1953, nearly 100 million people suffered from the disease and 80,000 died annually. This figure was higher in years of epidemics. In 1965, the incidence of malaria was reduced to 100,000 cases with no deaths.

The NMEP also faced a variety of other problems such as the refusal to accept DDT spraying by a large section of community on religious grounds or the false belief that malaria had been eradicated, constant movement of labour due to developmental and construction projects where regular anti-malaria operations were not undertaken.

Outdoor sleeping habits, refusal to accept spraying in silk worm rearing areas, mud-plastering of houses immediately after the spray, and frequent breakdown of vehicles were other problems.

/9317

CSO: 5450/0156

INDIA

SURVEY NOTES PREVALENCE OF GOITER IN BIHAR DISTRICTS

New Delhi PATRIOT in English 10 Jun 86 p 5

[Text]

Patna, June 9 (PTI)—Over one crore people in 23 districts of Bihar have been affected by goitre, according to a recent survey conducted by the UNICEF. About five crore people are suffering from the disease in the country.

The survey said that East Champaran was the worst hit district where 15.87 lakh people were suffering from the disease.

Over 1.97 lakh children in the district, up to the age of four, and another nine lakh in the age group of four to five were affected.

The report said that mental growth of a person was also badly affected by the disease.

The report said that in West Champaran district, over 11.28 lakh people, 57 per cent of the district's total population, were suffering from the disease.

The report gave the districtwise break-up figures of the affected as: Palamu (over four lakh), Saran (over 7.39 lakh), Darbhanga (over 4.65 lakh), Purnia (over 9.52 lakh), Dumka, Deoghar, Sahibganj and Godda (over 8.73 lakh together), Ranchi (over 3.13 lakh), Muzaffarpur (over 9.83 lakh), Sitamarhi (over 9.42 lakh), Madhubani (over 9.30 lakh), Katihar (over 11.81 lakh) and Saharsa (over six lakh).

The State programme officer of UNICEF, Dr Subhash Chandra, said that supply of iodised salt in these 23 iodine-deficient districts was essential to check the disease.

He said that acute deficiency of halogen caused deaths of children during their infancy and made them physically handicapped during their later stages.

Dr Chandra said that sale of common salt in these districts had been banned but the order could not be implemented in right earnest.

/9317
CSO: 5450/0158

INDIA

AIDS REPORTED TO CLAIM FIRST VICTIM IN BOMBAY

Calcutta THE TELEGRAPH in English 10 Jun 86 p 1

[Text]

Bombay, June 9 (UNI, PTI): The first patient confirmed to be a victim of the Acquired Immune Deficiency Syndrome (AIDS) died at a private city hospital this afternoon following a heart ailment.

The patient, a businessman, underwent coronary bypass surgery in 1981-82 in the United States where he received several blood transfusions. Thereafter he was keeping well, until last year, when his health suddenly deteriorated. He lost weight rapidly and suffered several "opportunistic infections" like fungus infection of the mouth.

The patient's HTLV-III (a screening test for AIDS antibodies) was found positive at a Pune laboratory. The ratio of T-helper cells and T-suppressor cells had gone down giving a clue for the diagnosis. This test was conducted at the Tata Cancer Hospital in the city. He was admitted to the private hospital on May 28.

Dr K.M. Pavri, director of the Virus Research Institute in Pune, said at a national seminar on AIDS in Delhi yesterday,

"This is our very recent finding of a case among the transmission-related risk group." She said the signs and symptoms noted in the patient since 1983 "appear to have culminated in a full-blown case of AIDS in 1986."

In the light of detection of transfusion-linked AIDS in Bombay, Dr Pavri called for every effort to trace all those who had received blood or blood products in the US or India. "They need to be monitored periodically for clinical or serological evidence implicating AIDS," she said.

Dr Pavri also reported another confirmed case of AIDS in one of the prostitutes of Kamatipura, a red light area of Bombay. The woman, who repeatedly demonstrated anti-bodies by the Elisa test and was confirmed to be positive by the western blot test in the US, had left town.

Dr Pavri said prostitutes were reservoirs of the virus, and warned of the possibility of "exponential enhancement of the spread of AIDS within a few years among prostitutes." This had happened in some African countries, she added.

/9317
CSO: 5450/0157

INDIA

MAHARASHTRA MEETING DISCUSSES FIGHT AGAINST AIDS

Calcutta THE TELEGRAPH in English 16 Jun 86 p 4

[Text]

Bombay, June 15: The Maharashtra government's meeting on the Acquired Immune Deficiency Syndrome (AIDS) and its AIDS control strategy has failed to mention eunuchs and homosexuals as the high-risk groups for priority screening tests. In other countries, homosexuals are considered particularly susceptible to the dreaded disease.

The high-risk groups mentioned in the priority list were patients attending sexually transmitted diseases clinics, professional blood donors, jail and remand home inmates, prostitutes, IV and IM drug users. The omission is glaring especially as Karati Lal Bhola Hijra, the president of the All-India Hijra Kalyan Sabha said in New Delhi yesterday that of a survey of 21 eunuchs from Kamatipura in Bombay's red light area, two were found to be suffering from AIDS. The two, are with advanced symptoms and the other, who had contracted the disease recently, have been sent to the US for treatment, according to him.

"If a survey is carried out in cities like Bombay and Calcutta where foreigners keep coming and are in frequent contact with call girls and prostitutes we may get a positive reaction to the presence of AIDS antibodies. Six prostitutes in Tamil Nadu had

shown positive reaction. Here it could be higher," an eminent physician, Dr G.S. Sainani, said, calling for a survey in the red light areas.

Dr Sainani, who is the editor of the *Journal of Applied Medicine* and the *journal of the Association of Physicians*, had in an editorial in October 1983 warned of the dangers of AIDS spreading in the country. Dr Sainani, who was also the only physician from Bombay to be invited to the seminar on AIDS in New Delhi, was not invited to the Maharashtra government's meeting. Only one doctor who attended on Beharilal Ramchandra Makhiji, the 55-year-old businessman who died of AIDS in Jaslok Hospital on Monday, was invited to the seminar which was attended by physicians, cardiologists and others.

The AIDS meeting has ignored the potential threat from eunuchs practising prostitution at Arab Gully and Khosla Gully at Kamatipura and Varadara-janagar at Antop Hill. According to one eunuch, some customers prefer their brothels because they are cleaner than those of other prostitutes in Kamatipura, and there is less fear of contracting venereal diseases.

But with the threat from Bombay's thriving red light area and the frequency of foreigners arriving and leaving the city, doctors are calling for AIDS

tests. "Laboratory tests should be done on all those suspected to be suffering from the disease after examination by a panel of doctors. In the US alone, two million carriers have shown the presence of AIDS antibodies. These carriers need not be suffering from the disease, they can definitely infect others. They have to be watched, if not treated," Dr Sudha Gangal of the Tata Cancer Research Centre told The Telegraph.

Dr Gangal had conducted a test for AIDS on the blood sample sent by Dr Lele who was treating Makhija in Jaslok. "We don't usually conduct such tests, but I did it because I know Dr Lele well. The lab is not set for the disease, so we had to be very careful. The samples have been destroyed and the whole immunisation lab sterilised after the test."

Dr Gangal, who with a team of research students, conducted the test which took a whole day, said it is an expensive procedure as the monoclonal antinodirs used for the test are expensive. She added: "We are willing to train the personnel of the AIDS centres being set up by the state to test for AIDS in the T-helper cells. This is why Dr Lele sent samples to me."

Dr Gangal warned that screening tests should be conducted soon among the high risk groups as seven per cent of the carriers could progress to the third stage of full blown AIDS and 15 to 25 per cent of those at the second stage (AIDS-related complex or AIDS-associated syndrome) could also do so, creating a situation here not unlike the US.

/9317

CSO: 5450/0160

INDIA

CALCUTTA BEGINS WORK ON LOCATING AIDS VIRUS

Calcutta THE STATESMAN in English 14 Jun 86 p 9

[Text]

FIVE "Elisa" kits needed to locate the AIDS virus were received by the National Institute of Cholera and Enteric Diseases in Calcutta early this week. The institute, which is affiliated to the Indian Council of Medical Research, has already started collecting blood samples from different sources.

More than a hundred samples were collected from professional blood donors and from prostitutes in Kidderpore, who are frequently visited by sailors from abroad. Samples were also taken from patients being treated at the sexually-transmitted diseases clinic at National Medical College.

According to Dr M. S. Pal, Director of NICED, on Friday, the institute has been assigned by the ICMR to conduct an AIDS surveillance programme in West Bengal, Sikkim, and Andaman and Nicobar Islands. He had already written to the two State Governments and Andaman and Nicobar administration seeking their co-operation in this regard. He is yet to receive their replies.

To confirm the presence of the AIDS virus, several tests have to be conducted at different stages. The NICED is fortunate because it already possesses the "Elisa" reader, a costly piece of equipment required in the first stage of the laboratory test. The "Western Block technique", another

stage of the experiment, can only be conducted with a special reagent which the institute does not have in its possession at the moment. A separate centre has been set up within the institute to conduct the laboratory work.

The institute will begin the "Elisa" test of the samples within a fortnight. Dr Pal said it would not be possible for the institute to announce the results soon. The process of confirmation regarding the presence of the AIDS virus would take quite a few months, he added.

The School of Tropical Medicine in Calcutta will also receive the necessary kits by the end of this month. Dr M. S. Chakravarty, Head of the Department of Virology, said the difficulty in conducting the "Elisa" test was that 100 samples would have to be tested simultaneously. He said a positive result in the test would mean the person was carrying the AIDS antibody. It would not necessarily mean he is diseased. Usually, the AIDS virus, after entering the human body, takes 27 to 60 months to turn into a fatal ailment.

Dr Chakravarty explained that the virus attacked the T lymphocytes in the human body. The T lymphocytes are responsible for the defence of the host. The T lymphocytes also induce another type of cell, the B lymphocytes, to produce more antibodies to fight the virus.

/9317
CSO: 5450/0159

INDIA

SUSPECTED AIDS CASE REPORTED IN PUNE

New Delhi PATRIOT in English 23 Jun 86 p 5

[Text] **Pune, June 22 (UNI)**—The first suspected AIDS case was reported today from Sassoon Hospital here.

A patient from Hyderabad, who is a microbiologist, had been admitted to the hospital on the suspicion of having contracted AIDS through blood transfusion in New York two years ago.

Hospital acting dean R K Dalvi said that the patient had been suffering from chronic haemophilia (a bleeding disease found only in men), and had many blood transfusions in the US.

The patient, said to be 24 years of age, had been showing symptoms of AIDS, Dr Dalvi said, adding that he had lost nearly 30 kg in the last two years.

He said the patient when admitted to the hospital, suffered from diarrhoea, fever and cough

and laboratory tests of the patient blood were carried out at the National Institute of Virology entrusted with research on the AIDS virus.

Meanwhile, Dr Dalvi said the patient was being attended to by doctors of the hospital. The paramedical staff was kept away.

He said there was no need for residents of Pune to panic and added that all precautions had been taken. Even the disposal of medical instruments used, was being taken care of.

Replying to a question, he said the anxiety of the hospital staff lasted only a day.

The tests on the patient will continue up to Tuesday and if Government decides to continue the treatment, he would be kept here. Otherwise he would be shifted elsewhere, he added.

/13104
CSO: 5450/0165

INDIA

BRIEFS

MAHARASHTRA AIDS PREVENTION--The Maharashtra government has directed blood banks in the state to test blood for the Acquired immune deficiency syndrome (AIDS) virus before transfusion, the state assembly was informed today. Replying to supplementaries on a calling-attention notice by Mrs. Mrinal Gore (Janata) and 31 others, on the controversial death of an AIDS-affected person in a city hospital, the public health minister, Mr. Bhai Sawant said research on AIDS would be taken up on a big scale. He said the Indian Council for Medical Research (ICMR) had already permitted the setting up of two research centres - one at the G. S. Medical College in Bombay and the other at the Government Medical Hospital in Nagpur. Permission has been sought for setting up five more such centres. Mr. Sawant said requests had also been made to the Union government for equipment to conduct the "elisa" test, which was one of the methods of screening. The minister emphasised the need for blood tests of foreign tourists and periodical check-up of prostitutes for HTLV-III virus, the cause of AIDS. Mr. Sawant rejected a suggestion by Mr. W. R. Sherekar (Congress) that every entrant into the country, particularly from the U.S., should be allowed to enter the city only after he underwent a blood test. [Text] [Bombay THE TIMES OF INDIA in English 20 Jun 86 p 5] /13104

CALCUTTA AIDS TESTS--The city police is assisting the National Institute of Cholera and Enteric Diseases to collect blood samples from prostitutes in order to conduct AIDS tests on them. According to the director of the Institute, Dr S.C. Paul, the Institute has so far collected 250 blood samples of prostitutes in the red light area of Munshiganj under the Watgunge police station. The Institute's medical team will visit the red light area again tomorrow to collect more blood samples. Senior police officials will assist the team in this regard. [Text] [Calcutta THE TELEGRAPH in English 19 Jun 86 p 1] /13104

AIDS IN KASHMIR--AIDS cases have been traced for the first time in some far-flung areas of the Kashmir valley, official reports here today confirmed. A large number of homosexuals were confirmed to be infected with the dreaded disease. The study was conducted by Dr M.S. Khuroo, chairman of the department of gastro-enterology at the Sher-I-Kashmir Institute of Medical Sciences near here. [Text] [Calcutta THE TELEGRAPH in English 23 Jun 86 p 5] /13104

CHOLERA OUTBREAK--There has been an outbreak of cholera in Watrap block of Kamarajar district, Mr. L. N. Vijayaraghavan, Collector, confirmed today. Since June 15, 98 cases had been admitted, 75 of them from Sethunarayanpuram village, where the first attack was reported. A dozen villages in and around Watrap were affected. However, the disease was known as El Tor biotype cholera which meant a mild type and could be contained by timely treatment. A team from the Government Rajaji Hospital, Madurai, visited the affected area, took samples of stools and gave a report that they were positive to cholera. Of the 40,000 population in all the dozen villages, 7,000 persons were already inoculated. The admissions at the Watrap Government Hospital were dwindling. Today there were only nine in-patients. Twenty others were kept under observation. On the genesis of the outbreak, the Collector said a group of persons went to celebrate a festival on May 31 at Veerapatti on the borders of Madurai-Kamarajar districts, where they contracted the disease. [Text] [Madras THE HINDU in English 23 Jun 86 p 12] /13104

RANCHI JAUNDICE DEATHS--More than 3,000 jaundice cases had been reported from in and around the Heavy Engineering Corporation complex here till the first week of this month, official sources said, reports UNI. Four jaundice deaths had been officially recorded. Sources said contamination in water was detected in the supply line from the Getalsud dam. The water pipes along the sewerage pipes had developed wide leak resulting in contamination. The leakages in the HEC area had, however, been plugged and the disease was officially claimed to be on the decline. A team of experts from the All India Institute of Medical Sciences, Delhi, which visited the affected areas some time ago, had suggested immediate chlorination of drinking water in and around the HEC area. Medical sources here do not rule out the possibility of an outbreak of jaundice in other areas of the town. [Text] [Calcutta THE STATESMAN in English 23 Jun 86 p 7] /13104

CSO: 5450/0166

INDONESIA

BRIEFS

MALARIA IN SOUTH SULAWESI--Ujungpandang, June 5 (ANTARA)--Malaria is still rampant in 16 regencies in South Sulawesi, the local malaria eradication service disclosed here Wednesday. Last year 67,431 people were given medical treatment due to malaria in those regencies. Of the total, 40,406 underwent blood examination, the service said. Local health authorities have been fighting the disease by means of treating the contracted people in local public health centers and spraying DDT in areas suspected to be sources of the disease. Some 43,100 houses in coastal areas were sprayed with DDT last year. [Text] [Jakarta ANTARA NEWS BULLETIN in English 6 Jun 86 p A3] /9317

DENGUE OUTBREAK IN JAVA--Jakarta, June 28 (AFP)--Dengue fever has killed 17 people in the central Javanese district of Karanganyar, where 116 people are in intensive care, it was reported here Saturday. The chief of the central Javanese health office, Nardo Gunawan, was quoted by the daily SINAR HARAPAN as saying that another 232 people were infected by the fever, which was first detected in the region on June 21. Earlier this month, dengue fever struck the west Javanese resort city of Bandung, killing 16 people and prompting the hospitalization of 124. [Text] [Hong Kong AFP in English 1140 GMT 28 Jun 86 BK] /6662

CSO: 5400/4389

JAMAICA

FLOODING BRINGS THREAT OF HEALTH HAZARDS

Kingston THE DAILY GLEANER in English 11 Jun 86 p 3

[Text]

Thousands of people in Clarendon are in immediate danger of an epidemic as a result of the hundreds of dead animals that are surfacing in the areas since the flood water has been receding.

At a meeting yesterday between the Rt. Hon. Hugh Shearer, Deputy Prime Minister and MP for South East Clarendon, the Medical Officer of Health for the Area, the Jamaica Defence Force and a team from the Royal Navy who arrived in the island on Monday, plans were formulated for certain precautionary measures to be taken.

The measures include going in the homes that were flooded, washing and disinfecting them, an immunization programme and the burying of dead animals.

Mr. Shearer told the *Gleaner* that they were very concerned about the post-flood period. He said that the dead animals that were surfacing, the damage done to homes and the amount of muck that was deposited inside people's houses had to be cleared up because they all posed severe health hazard to people.

He said that the group was work-

ing out a programme to disinfect the houses.

Mr. Shearer said too that priority would be given to cleaning and disinfecting the clinics to provide the services of immunization. There were about five of these clinics that would be cleared out, he said.

The JDF was scheduled to start this exercise yesterday evening. After that, it would be on-going until the job is completed.

Commander Mark Kerr, who is in charge of the team from HMS *Ariadne* said that they would be providing medical assistance, public health measures such as the burial of dead animals, among other duties. They will also be assisting with personnel.

The Royal Navy has brought blankets, cots, some amount of medical supplies, including disinfectants.

Mr. Shearer said already there were very encouraging response and support from the private sector as a result of the publicity given. One firm had offered to help with insecticide, another has promised to help with the cleaning and defecting of the homes and the clinics.

"We are going to be getting assistance from the Royal Navy who have equipment to provide purified water and a technical team to assist in the repairs of utility equipment and provide a variety of services," he added.

The JDF and the Royal Navy will also be in charge of soup kitchens that will be put up at the Amity Hall Club to take care of hundreds of children and adults who are there from Gayle, and surrounding districts.

The Deputy Prime Minister told the *Gleaner* that most of the areas were now accessible because the water had receded. However, he said, areas like Indian Town and Moores were still cut off.

But the Public Works team was still working in those areas to clear away debris. He said it was hoped that by week-end it will be possible to reach those places by road. They were now being reached by helicopter services from the Royal Navy and the JDF.

A team from the Office of Disaster Preparedness and the Public Health Service was now moving through the affected areas, he said, to assess the damage so that more accurate information as to the specific losses may be ascertained. He estimated that millions and millions of dollars of damage to roads and livestock were done.

Mr. Shearer said a very severe disaster had hit the area and it was going to take a long time to make an impact on any rehabilitation programme. He said though that the spirit of the people were still high and that there had been many incidents of raw courage on the part of the local people during the disaster.

MALAWI

BRIEFS

AIDS CASES ACKNOWLEDGED--Malawi yesterday officially announced that there were AIDS (Acquired Immune Deficiency Syndrome) cases in the country and emphasised the need for everyone to avoid contracting the deadly disease for which there is no known cure anywhere in the world. The Ministry of Health Headquarters in Lilongwe made the announcement in a press release which spelt out that "cases of AIDS have occurred in this country." The announcement comes in the wake of similar acknowledgements by many other countries in Africa and elsewhere in the world where the disease has caused the death of most sufferers. No case figures in Malawi were given in the release which, however, described the disease as "this urgent serious public health problem" whose short-term remedy--particularly in the absence of a cure--was prevention. [Excerpt] [Blantyre DAILY TIMES in English 18 Jun 86 p 1] /9317

CSO: 5400/154

MALAYSIA

DENGUE WARNING REPEATED; QUICK DIAGNOSIS URGED

Kuala Lumpur NEW STRAITS TIMES in English 22 Jun 86 p 2

[Text] KUALA LUMPUR, Sat. — Authorities expect the dengue situation in the country to become "crucial" in a few weeks, a Health Ministry spokesman said today.

He said health authorities feared the situation would worsen as during the recent Hari Raya holidays many people went on holiday, leaving their houses and surrounding areas unattended.

Containers left around the houses might have collected water and the aedes mosquitoes would have bred, the spokesman said.

He said this possibility was discussed at a three-hour meeting between senior health and medical officers at the Ministry yesterday, chaired by Director-General of Health Tan Sri Dr Abdul Khalid Sahan.

They met to discuss the current dengue situation as well as to review the effectiveness of existing control measures and the activities of dengue operations rooms at district, State and national levels which were set up in May.

Also present at the meeting were State medical and health services directors and representatives from the municipal councils of Penang, Ipoh, Province Wellesley, Klang and Petaling Jaya and Kuala Lumpur City Hall.

The spokesman said the meeting found existing dengue control measures satisfactory but felt they needed

to be intensified in certain areas.

Efficient

The meeting decided there must be more efficient diagnoses of dengue cases and speed in notifying health authorities for quick control measures to be taken, the spokesman said.

Enforcement activities and public response to control measures, in areas where dengue cases were reported, should also be stepped up.

The spokesman said the meeting also advised medical staff from States with few reported dengue cases but with a high aedes index not to be complacent about control measures.

In Ipoh, three more dengue cases, two of them dengue haemorrhagic fever (DHF), were reported in the State yesterday, bringing the total, so far this year, to 97.

Senior medical officer of the Perak Medical and Health Services Department, Dr Lee Cheow Pheng, said today the DHF cases were reported in the districts of Larut, Matang and Selama and the Kinta District while the other case was reported in Hillr Perak District.

Twenty-five DHF cases had been reported in the State so far, he said.

Efforts to curb the disease were being intensified with house checks and information campaigns about the disease. — Bernama

/13104
CSO: 5400/4391

1 August 1986

MOZAMBIQUE

BRIEFS

ANCHILO CENTER VACCINATES CHILDREN--Nampula's Anchilo Center vaccinated 80 children from 0-1 years against tuberculosis and measles. Thirty pregnant women were also vaccinated against tetanus. The health representative there said that on the average 360 children per month are vaccinated at this center against infantile paralysis, tetanus and measles. The most common diseases are pneumonia, measles, malaria and bilharzia. [Summary] [Maputo NOTICIAS in Portuguese 16 Jun 86 p 2] /9274

CSO: 5400/155

PEOPLE'S REPUBLIC OF CHINA

ARTICLE ON SUBSTANCE IN HEPATITIS INFECTION SERUM

Beijing ZHONGHUA NEIKE ZAZHI [CHINESE JOURNAL OF INTERNAL MEDICINE] in Chinese
Vol 25 No 4, 20 Apr 86 pp 215-216, 253

[English summary of article, "Relationship Between Liver Nuclear Eosinophilic Substances and HBV-DNA in Serum of Patients With Chronic Hepatitis B Virus Infection, by Liu Shiyong [0491 0013 5391], Wen Huangzeng [3306 2515 1073], Zhao Chengyin [6392 2052 6892], Yu Yunyan [0061 0061 1484], et al., Shenyang Second Infection Disease Hospital]

[Text] Liver nuclear eosinophilic substances (LNS) were identified in liver specimens with anilin blue stained paraffin sections. Liver cell nuclei positive with the stain (N^+) were found in 20 out of 25 specimens taken from patients with chronic hepatitis B virus (NBV) infection, while none were found in a control group with hepatitis A. N^+ could be divided into 3 groups according to their staining characteristics: group A with bright eosinophilic stain of LNS and clear demarcation, group B with orange-reddish stain and group C with orange yellowish stain. The latter two were not of LNS. The liver cell N^+ of these 3 groups presented a striking contrast to those normal cells around them and those of the control group. The eosinophilic particles in nuclei were scattered and clustered closely to the nuclear membrane so that the nuclei were visible in sections stained with hematoxylin and eosin. These positive nuclei were negative for oroein, periodic acid-schiff and Feulgen reaction for DNA.

Pathological changes in the liver cells such as necrosis, inflammation and degeneration were in parallel with the positive ratio of HBV-DNA in serum. It is inferred that the presence of LNS is related to HBV replication. The positively stained nuclei were of various kinds and the mechanism of their genesis has something to do with the quality, quantity, and activity of HBcAg. The authors are of the opinion that finding of LNS with light microscope may be an auxiliary criteria for HBV replication. (Paper received 26 November 1984, finalized 18 December 1985.)

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SOUTH AFRICA

NATAL MEASLES EPIDEMIC WORSE THAN FIRST PREDICTED

Johannesburg THE STAR in English 30 Jun 86 p 8

[Text] The measles epidemic in Natal and kwaZulu that has left at least 23 children dead and hundreds in hospital may be worse than at first thought.

Hospitals reported an increase in measles cases about two months ago and the disease reached epidemic proportions this month.

Underplayed

Health officials emphasise that the casualty figures available underplay the severity of the situation because not all deaths are centrally reported.

At Ngwelezane Hospital, Empangeni, 14 children have died as a result of complications following the disease. Most of them were under the age of three.

Dr Peter Haselau, acting medical superintendent, said so far this month 84 children had been admitted for treatment.

At St Mary's Melmpth, nine children have died.

And at Clairwood Hospital, Durban, the 80 to 100 beds in the special fever ward have been constantly occupied by measles patients.

A spokesman there declined to give admittance figures, saying they were not an accurate reflection of the extent of the outbreak.

Only a Third

"We can only admit the more serious cases which are less than a third of the cases presenting themselves here," he said.

The outbreak seems to have occurred only in black areas, both rural and urban.

Dr Murray Short, senior medical officer in charge of communicable diseases in kwaZulu, said this was because babies were not being immunised against the disease at the right time.

"In 1984 we adopted the World Health Organisation recommendation that babies should be immunised at nine months.

"This often means the parents will have to travel some 10 km to the nearest clinic, at considerable cost, when the child is not actually sick. That takes some motivation," he explained.

Immunity

Earlier this year kwaZulu took part in a State study on the level of measles immunity in the black population throughout South Africa. It was found that 70 percent had been immunised.

"It is the 30 percent we have to worry about and we don't really know why these epidemics occur," said Dr Short.

"We could hold immunisation campaigns which would address the immediate problem. But they won't solve the basic problem of how to ensure that parents will come back with other children at the right time.

"We are investigating providing a better service in the townships and in rural areas.

/13104
CS0: 5400/157

SOUTH AFRICA

BRIEFS

SUSPECTED DURBAN TYPHOID DEATH--Durban, 9 July SAPA--Durban health authorities today started investigating contacts in the suspected death from typhoid of a Durban baby, who--if the disease is confirmed--will be the eighth and youngest person to contract the disease in Durban this year. Ten-month-old Hayley Michelle Constable of Durban died in the intensive care unit of Addington Hospital at the weekend after becoming ill the week before. The senior medical officer in charge of communicable diseases for KwaZulu, Dr Murray Short said two other cases in Durban this year were a 40-year-old man who contracted the disease in March and a 21-year-old man in June. In both cases the sources of infection were never traced. Durban's medical officer of health, Dr Muriel Richter, said today: "We have started following up every possible lead, to either find a carrier who could have passed the typhoid on to Hayley, or to establish if she ate or drank something that was contaminated." [Text] [Johannesburg SAPA in English 1002 GMT 9 Jul 86 MB] /12858

CSO: 5400/156

JPRS-TEP-86-017
1 August 1986

BANGLADESH

BRIEFS

CATTLE DISEASE EPIDEMIC--Cattle diseases have broken out in an epidemic form at places in Netrakona Sadar, Barhatta, Madan, Khaliajury upazilas in which hundreds of heads of cattle died. The worst affected areas are Netrakona, Biseeura, Boushei, Roypur, Lapshia and Khalapa. It may be mentioned that scarcity of medicine has been prevailing in the markets as a result of which proper treatment of affected cattleheads is being hindered. [Text] [Dhaka THE NEW NATION in English 5 Jun 86 p 2] /13104

CSO: 5450/0169

CANADA

HATCHERY OFFICIALS SEEK SOURCE OF LAKE FISH CONTAMINATION

Vancouver THE SUN in English 26 May 86 p B3

[Article by Larry Pynn]

[Text]

Concerned provincial hatchery officials are busy taking fish samples at five B.C. lakes in an effort to isolate the source of viral contamination that forced the destruction of 1.5 million rainbow trout in Summerland in January.

The move follows the destruction in Washington state last month of more than two million young steelhead and cutthroat trout that became contaminated with the same deadly virus.

The cases represent the first time that hatchery-raised trout in both B.C. and Puget Sound had contracted *infectious hematopoietic necrosis* — a virus normally associated with sockeye and chinook salmon.

B.C. officials fear that unless they isolate the source of the virus, hatchery-raised trout could spread the disease beyond its natural range to clean lakes. Trout from

the Summerland hatchery, for example, would normally stock 200 to 300 lakes.

Don Peterson, provincial superintendent of hatcheries, said in a telephone interview Friday from Victoria his staff is using extreme caution. Officials are obtaining kidney and ovarian samples at five lakes — Dragon, Tunkwa, Badger, Pennask and Premier — used by provincial hatcheries to obtain spawning brood stock.

The samples are being taken from confined fish shortly after spawning — a time when the fish is most likely to exhibit the virus.

"The isolation of a virus is a complex process," Peterson said, "and there's always the chance we won't find it."

Officials at provincial hatcheries in Summerland, Cranbrook, Duncan, Abbotsford, Cache Creek and Hudson's Hope are also on special alert for signs of the virus, he said.

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CSO: 5420/80

EGYPT

ACTION TAKEN AGAINST LOCUSTS

Cairo THE EGYPTIAN GAZETTE in English 5 Jun 86 p 3

[Text]

A REPORT submitted to Dr. Youssef Wali, Deputy Prime Minister and Minister of Agriculture, revealed that locusts are now found over large areas of the Eastern Desert, as well as in the Sudan, Ethiopia and the Arabian Peninsula, thus endangering the whole Nile Valley.

Reports from El-Shalatin and Abu Ramad areas in the Eastern Desert said that locusts started to appear in large numbers on January 18 and that reproduction rates exceeded all expectations.

Dr. Wali gave directives to send out teams to fight the locusts to apply emergency measures, especially in areas to which locusts are expected to spread. The Deputy Prime Minister also issued instructions for a weekly report on

the measures taken to combat the insects.

Dr. Yassin Osman, head of the pest control department at the Ministry of Agriculture, said that locusts may attack Egypt from Saudi Arabia, Libya or the Sudan, according to the migration cycle of the locusts during autumn and spring.

Locusts can attack Egypt if an air depression takes place which causes wind to bring the locusts into the country, said Dr. Osman. He added that locust combat efforts should be concentrated in the desert because if the insects arrive in the Nile Valley, they will cause considerable damage.

The very high rate of multiplication among locusts

results from the fall of rain after six years of drought in Africa, said Dr. Osman, adding that Egyptian teams have been sent to the Sudan to deal with the insects at the border area.

He, moreover, pointed out that combat teams have been distributed over the Red Sea, coast, the Eastern Desert, Sinia, the New Valley, Qena and Aswan. These teams are provided with modern communication appliances linked with a central operations room in Cairo.

Every team has two experts in locust combatting a mechanic and an electrician as well as a lorry, a landrover and two small vehicles with all necessary food and equipment, he added.

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CSO: 5400/4607

EGYPT

ACTIVITY AGAINST COTTON PESTS CONTINUES

New Cotton Pest

Cairo THE EGYPTIAN GAZETTE in English 5 Jun 86 p 2

[Text]

INSECT

AN insect harmful to the cotton plant has been discovered in some cotton-growing governorates, said the under-secretary of the Ministry of Agriculture, Dr Yassin Osman. Dr Osman, who is in

charge of combatting pests and insects, added that technical and scientific teams had discovered this insect which sucks the juice of the plants. He added that the Ministry is organising campaigns to warn farmers about this dangerous pest.

Minister Reports Success

Cairo THE EGYPTIAN GAZETTE in English 10 Jun 86 p 2

[Text]

THE very hot weather in the past few days has resulted in decreasing cotton-worm egg patches by more than 60 per cent in the various governorates, said Dr. Youssef Wali, the Deputy Prime Minister and Minister of Agriculture, who made a tour of the governorates of Beni Suef and Menia yesterday to inspect cotton-worm control procedures.

Dr. Wali also said: "That no cotton-worm egg hatching cases have been reported yet," which indicates the effectiveness of the combat procedures throughout the

country. He added that cotton fields have also been treated with pesticides to combat insects other than the cotton worm.

In Beni Suef the Deputy Prime Minister said that the condition of the cotton fields is good and that the 60,000 feddans cultivated with cotton in the governorate show early growth of the plant, which necessitates the use of duster-planes to spray the fields with pesticides.

Dr. Wali issued directives to deliver an additional quantity of nitrogenous fertilizers to farmers this month, espe-

cially in areas where cotton was planted late. He also issued directives to treat at the expense of the Ministry of Agriculture those persons who are overcome by pesticide during the combat operations.

Dr. Wali moreover said that in spite of irrigation problems in Minia Governorate the targeted area has been cultivated with cotton.

Dr. Wali conveyed President Mubarak's greetings to the farmers and to the workers in the field of cotton-worm control on the occasion of the Lesser Bairam. GSS

1 August 1986

New Techniques Discussed

Cairo THE EGYPTIAN GAZETTE in English 26 Jun 86 p 2

[Text]

A TEAM comprising eight British scientists have joined the Egyptian experts fighting cotton pests. The British scientists apply two new techniques this year, non-toxic sex pheromones and a safe insect virus to control the pests. while the sex pheromones disrupt insect mating and egg-laying, insect viruses have proved effective in killing the larvae of the pests.

This season some 50,000 feddans of Egyptian cotton will be sprayed with formulated Pink Bollworm pheromone under a joint project between Britain's Tropical Development and Research Institute and the Egyptian

Academy for Scientific Research with the support of major international agrochemical companies.

In the latest phase of their work at the Plant Protection Institute in Dokki, the British scientists are preparing new formulations of insect viruses and testing them under Egyptian conditions before using them on a wide scale.

Research funds have come mainly from Britain and recently from the European Economic Community. And the British Council in Egypt has been helping to promote close cooperation between the British scientists and their Egyptian colleagues. —

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VIETNAM

BRIEFS

AN GIANG PEST INFESTATION--Some 27,500 out of a total of more than 81,000 hectares of summer-fall rice in An Giang Province have been affected by insects and blight. Agricultural cooperatives and production collectives in the province, together with various service and technical corporations, have so far saved 16,000 hectares of this rice from being ravaged by insects and blight. [Summary] [Hanoi Domestic Service in Vietnamese 2300 GMT 9 Jul 86 BK] /9738

CSO: 5400/4391

END